

CLIENT INTAKE FORM

SECTION I – CLIENT INFORMATION			
1. Name	2. Date of Birth	3. SSN	
4. Street Address	5. City	6. State	7. Zip Code
8. Home Phone	9. Cell Phone	10. E-mail Address	
SECTION II – INFORMATION REGARDING OTHER PARENT			
11. Name	12. Date of Birth	13. SSN	
14. Street Address	15. City	16. State	17. Zip Code
18. Home Phone	19. Cell Phone	20. E-mail Address	
SECTION III – INFORMATION REGARDING CHILD(REN)			
21. Name	22. Date of Birth	23. SSN	
24. Address of Minor Child(ren)			
25. Name (plus address and phone number if not already given) of Minor Child(ren)'s Current Primary Caregiver			
26. Does the Child(ren) have siblings not already listed on this form? If yes, please list the name, date of birth and primary care given of the other sibling(s).			
27. Name (plus address and phone number if not already given) of every person who has acted as the minor child(ren)'s primary caregiver during the past five years.			
SECTION IV – COURT INFORMATION			
28. Court Name	29. Case Name	30. Docket Number	
31. Are there any other proceedings currently pending in this or any other jurisdictions, which could affect anyone's parenting rights and responsibilities relative to this child(ren). If yes, please indicate the court name, case name and docket number of each such proceeding.			
32. Please attach to this form a copy of any current order affecting anyone's parenting rights and responsibilities relative to the child(ren) identified herein, including but not limited to, the current parenting plan and any court order regarding supervised visitation.			

Date

Signature